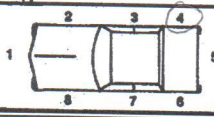
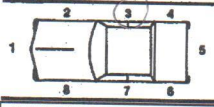


## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

|   |  |   |   |  |  |  |   |
|---|--|---|---|--|--|--|---|
| LOCAL REPORT NO.<br>15-9328   | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3 | Lebanon Police  | 0830300   | ODHS USE ONLY - 00 NOT MARK ABOVE  |  |  |   |
| REPORT TAKEN<br><input type="checkbox"/> AT STATION<br><input checked="" type="checkbox"/> AT SCENE                       | NO OF VEH PEDESTRIANS INVOLVED<br>2                            | CRASH SEVERITY (CHECK MOST SEVERE)<br><input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY |   | COMBINED VEH/PROP LOSS<br><input checked="" type="checkbox"/> OVER \$150<br><input type="checkbox"/> UNDER \$150                                       | HIT SKIP<br><input type="checkbox"/> SOLVED<br><input type="checkbox"/> UNSOLVED |  |   |
| IN COUNTY OF WARREN   |  | IN <input checked="" type="checkbox"/> CITY<br><b>LEBANON</b>   |   | DATE OF CRASH<br>06   05   15  | DAY<br>Friday  | TIME: MILITARY<br>1449   |   |
| CRASH OCCURRED ON<br>100 Arrow Springs Drive  |  |   |   | WITHIN THE INTERSECTION OF   |  |  |   |
| IF NOT IN INTERSECTION<br>_____ MILES _____ FEET W N E S OF _____ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) |  |   |   | CITY CODE<br>8321  |  |  |   |
| LOG-1   | LOG-2  | LOC   | JUR   | FM   | 9  | FILT   |   |
| A   | UNIT NO.<br>1  | NO OF OCCUPANTS<br>2  | OPERATING<br><input checked="" type="checkbox"/>  | PARKED<br><input type="checkbox"/>   | DRIVERLESS<br><input type="checkbox"/>   | HIT & RUN NON CONTACT<br><input type="checkbox"/>  | INSURANCE CO OR AGENT<br>Liberty Mutual |
| DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)<br>Phillips, Dennis L  |  |   |   | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)<br>5795 Edwardsville Rd, Clarksville, Oh, 45113   |  |  |   |
| PHONE NO.<br>937-783-0789   |  | BIRTH DATE<br>m     y   | AGE<br>M  | SEX<br>M   | SOCIAL SECURITY NO.  | STATE<br>OH  | DRIVER'S LICENSE NO.<br>TD650675        |
| OWNER (IF SAME AS DRIVER, WRITE SAME)<br>Same   |  |   |   | ADDRESS<br>PHONE   |  |  |   |
| VEH YR<br>2000  | MAKE<br>Lincoln  | MODEL<br>Navigator  | COLOR<br>Black  | STYLE<br>SW  | STATE<br>Oh  | LICENSE PLATE NO.<br>680XJW  | TOWING SERVICE<br>None                  |
| CIRCLE DAMAGE AREAS<br>                  | 9 TOP<br>10 UNDER CAR<br>11 LOAD<br>12 TRAILER                 | DAMAGE SEVERITY<br><input checked="" type="checkbox"/> NON-FUNCTIONAL<br><input type="checkbox"/> FUNCTIONAL<br><input type="checkbox"/> DISABLING            | DAMAGE SCALE<br><input type="checkbox"/> NONE <input type="checkbox"/> MODERATE<br><input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY | VEHICLE DISPOSITION<br><input checked="" type="checkbox"/> DRIVEN AWAY<br><input type="checkbox"/> REMAINED AT SCENE<br><input type="checkbox"/> TOWED |  | FIRE<br><input checked="" type="checkbox"/> NO FIRE<br><input type="checkbox"/> FIRE DUE TO CRASH<br><input type="checkbox"/> OTHER FIRE |   |
| 8   | UNIT NO.<br>2  | NO OF OCCUPANTS<br>1  | OPERATING<br><input checked="" type="checkbox"/>  | PARKED<br><input type="checkbox"/>   | DRIVERLESS<br><input type="checkbox"/>   | HIT & RUN NON-CONTACT<br><input type="checkbox"/>  | INSURANCE CO. OR AGENT<br>Geico         |
| DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)<br>Stepien, Arlene M   |  |   |   | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)<br>11092 Creek Cove, Maineville, Oh   |  |  |   |
| PHONE NO.<br>352-445-2927   |  | BIRTH DATE<br>m   D   y   | AGE<br>F  | SEX<br>F   | SOCIAL SECURITY NO.  | STATE<br>FL  | DRIVER'S LICENSE NO.<br>S315013396610   |
| OWNER (IF SAME AS DRIVER, WRITE SAME)<br>Same   |  |   |   | ADDRESS<br>PHONE   |  |  |   |
| VEH YR<br>2011  | MAKE<br>Honda  | MODEL<br>SW   | COLOR<br>Red  | STYLE<br>SW  | STATE<br>FL  | LICENSE PLATE NO.<br>CNF7G   | TOWING SERVICE<br>None                  |
| CIRCLE DAMAGE AREAS<br>                | 9 TOP<br>10 UNDER CAR<br>11 LOAD<br>12 TRAILER                 | DAMAGE SEVERITY<br><input checked="" type="checkbox"/> NON-FUNCTIONAL<br><input type="checkbox"/> FUNCTIONAL<br><input type="checkbox"/> DISABLING            | DAMAGE SCALE<br><input type="checkbox"/> NONE <input type="checkbox"/> MODERATE<br><input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY | VEHICLE DISPOSITION<br><input checked="" type="checkbox"/> DRIVEN AWAY<br><input type="checkbox"/> REMAINED AT SCENE<br><input type="checkbox"/> TOWED |  | FIRE<br><input type="checkbox"/> NO FIRE<br><input type="checkbox"/> FIRE DUE TO CRASH<br><input type="checkbox"/> OTHER FIRE            |   |
| C   | FROM UNIT NO.  | NAME (LAST, FIRST, MI)  | BIRTH DATE<br>m   D   y   | AGE  | SEX  | POSITION<br>A B C D E F  |   |
| D   | FROM UNIT NO.  | NAME (LAST, FIRST, MI)  | BIRTH DATE<br>m   D   y   | AGE  | SEX  | INJURIES<br>A B C D E F  |   |
| E   | FROM UNIT NO.  | NAME (LAST, FIRST, MI)  | BIRTH DATE<br>m   D   y   | AGE  | SEX  | CONDITION<br>A B C D E F   |   |
| F   | FROM UNIT NO.  | NAME (LAST, FIRST, MI)  | BIRTH DATE<br>m   D   y   | AGE  | SEX  | RESTRAINTS<br>A B C D E F  |   |
| A   | B  | C   | INJURED TAKEN TO By   |  |  | ALCOHOL<br>A B C D E F   |   |
| D   | E  | F   | INJURED TAKEN TO By   |  |  | DRUGS<br>A B C D E F   |   |
| OFFENSE CHARGED AND DESCRIPTION<br>A <input type="checkbox"/> ORC CITY ORD  |  |   | OFFENSE CHARGED AND DESCRIPTION<br>O <input type="checkbox"/> ORC CITY ORD  |  |  | EJECTION<br>A B C D E F  |   |
| RECEIVED CALL   |  |   | DISPATCHED<br>1450  | ARRIVED<br>1457  | CLEARED<br>1519  | OTHER TIME   | TOTAL MINUTES<br>00OffOff               |
| DATE REPORT FILED<br>6   5   15   |  |   | PHOTOS<br><input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO  | OFFICER'S NAME<br>S. Drake   |  | BADGE NO.<br>118   | CHECKED BY                              |
| POLICE ACTION   |  |   | POLICE ACTION   |  |  | POLICE ACTION  |   |

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO